

Agency Signature Authorization Form - **ALTERNATE PROPERTY OFFICER**

Part A

Date: _____	Agency Budget Code: _____
Agency Name: _____	
Accountable For (Sub- Unit Name(s): _____	
Agency Address: _____ _____	
City/County: _____	Zip: _____
Agency Head/ Designee's Name: _____	
Agency Head/ Designee's Signature: _____	
Title: _____	
Phone Number: _____	Ext.: _____
Fax Number: _____	Email: _____

Part B

Date: _____	Agency Budget Code: _____
Agency Name: _____	
Accountable For (Sub- Unit Name(s): _____	
Agency Address: _____ _____	
City/County: _____	Zip: _____
Property Officer's Name: _____	
Property Officer's Signature: _____	
Title: _____	
Phone Number: _____	Ext.: _____
Fax Number: _____	Email: _____